

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4935
509

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3568			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7938 BROOKLYN AVENUE				d. STREET ADDRESS (If rural, give location) 3443 PROSPECT AVENUE			
3. NAME OF DECEASED (Type or Print) CLARENCE		a. (First) WINFIELD		c. (Last) MARKS		4. DATE OF DEATH (Month) (Day) (Year) FEB-1-1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV-22-1881	
9. AGE (In years last birthday) 68 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - 3 YEARS		11. BIRTHPLACE (State or foreign country) LEWIS COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ARTHUR NEAL MARKS		13b. MOTHER'S MAIDEN NAME LYDIA MOSS MOORE		14. NAME OF HUSBAND OR WIFE Mrs. OLIVIA ANNE MARKS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-05-7014		17. INFORMANT'S SIGNATURE OR NAME Mrs. OLIVIA ANNE MARKS ADDRESS 3443 PROSPECTIVE KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Pathology DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 hr 47 min							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		42-150		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1948, 19, to 2-1-50, 19, that I last saw the deceased alive on 1-28, 1950, and that death occurred at 8:45A m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) MD				23b. ADDRESS 3447 Prospect K.C. Mo.		23c. DATE SIGNED 2-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-9-1950		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-5:30 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jess T. Dews

Signed _____
Student Embalmer

Licensed Embalmer No. 4453

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.